

PTO/SB/01A (09-04)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Therapies for Renal Failure Using Interferon-Beta-1

Title of Invention

	As the below named inventor(s), I/we declare that:									
	This declaration is directed to:									
			The attached application	ı, or						
			International Application	No. PCT/US03/2	<u>2440,</u> filed on <u>07/17/03,</u>					
			as amended on	(if applicable);						
	I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;									
	I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;									
	I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application.									
	believed to be to the like are puni	made herein of my/own knowledge are true, all statements made herein on information and belief are true, and further that these statements were made with the knowledge that willful false statements and nishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the any patent issuing thereon.								
	FULL NAME OF INVENTOR(S)									
1-00	Inventor one: Roy R. Lobb									
	Signature:	M	<u> </u>	Citizen of:	US					
	Inventor two:			· -						
	Signature:			Citizen of:						
	Inventor three:		····							
	Signature:			Citizen of:	•					
	Inventor four:									
	Signature:		··	Citizen of:	<u> </u>					
	☐ Additional inventors or a legal representative are being named on additional form(s) attached hereto.									

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 11/30/2005, OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	10/521,513
International Filing Date	July 17, 2003
First Named Inventor	Roy R. Lobb
Title	Therapies for Renal Failure Using Interferon- Beta-1
Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Attorney Docket Number	BII-001.01

	<u> </u>						
I hereby revo	oke all previous powers of attor	ney give	en in th	e above	e-ider	itified ap	plication.
I hereby appoin	t:						
☑ Practitioners a	associated with the Customer Number:	100	2518	31			
OR							
☐ Practitioner(s)	named below:						
	Name		Registration Number				
-		+					
as my/our attorney Patent and Trader	y(s) or agent(s) to prosecute the applicatio mark Office connected therewith.	n identified	l above, a	and to tran	sact al	l business ir	the United States
Please recognize	e or change the correspondence address f	or the abov	ve-identif	ied applica	ation to	:	
The address	associated with the above-mentioned Cus	stomer Nur	nber				
OR							
The address	s associated with Customer Number:						
OR	L						
Firm or Individual Nam	ne						
Address							· · · · · · · · · · · · · · · · · · ·
City		State			ZIP		
Country							
Telephone		Fax					
I am the:							
Applicant/Inv	ventor.						
☐ Assignee of	record of the entire interest. See 37 CFR	3.71.					
Statement un	nder 37 CFR 3.73(b) is enclosed. (Form P	ΓΟ/SB/96)					
	SIGNATURE of Applie	cant or As	signee c	of Record			
Signature	I			Date		9/14/	0
Name	Roy R. Lobb		Teleph	one			
Title and Company						· · - 	
NOTE: Signatures of a	ill the inventors or assignees of record of the entire is required, see below*.	ire interest o	or their rep	resentative	(s) are re	equired. Subn	nit multiple forms if
	orme are submitted					·	-

Total of __rorms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.